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CONFIRMATION NO. 4941

SERIAL NUMBER 10/691,270	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. INSC-138.1
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APPLICANTS

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** CONTINUING DATA *****

Yes 1/30/07
 This application is a CIP of 10/001,745 10/23/2001 PAT 6,761,286 which claims benefit of 60/242,595 10/23/2000 and claims benefit of 60/242,974 10/24/2000

** FOREIGN APPLICATIONS *****

none 1/30/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 08/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 62	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Ophthalmic dispenser and associated method

FILING FEE RECEIVED 1097	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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